STATE MEDICAID P&T COMMITTEE MEETING

THURSDAY, October 17, 2013
7:00 a.m. to 8:30 a.m.
Cannon Health Building
Room 114

MINUTES

Committee Members Present:

Kort Delost, R.Ph.
Lisa Hunt, R.Ph.
Beth Johnson, R.Ph
Roger Martenau, M.D.
Jameson Rice, Pharm.D.
Julia Ozbolt, M.D.
Elizabeth Young, Pharm.D.

Committee Members Excused:

Ellie Brownstein, M.D.
Bernadette Kiraly, M.D.

Dept. of Health/Div. of Health Care Financing Staff Present:

Timothy Morley R.Ph.
Trevor Smith, C.Ph.T.
Robyn Seely, Pharm.D.
Richard Sorenson R.N.

University of Utah Drug Information Center Staff Present:

Melissa Archer, Pharm.D.
Bryan Larson, Pharm.D.
Joanita Lake, Pharm.D.
Johnathan Newbold, Pharm.D. candidate

Other Individuals Present:

Lori Howarth, Bayer
Clayne Garnett, BIPI
Scott Larson, BMS
Sean McGarr, Forrest
Mark Germann, Novartis
Patrick Moty, Supernus

Meeting conducted by: Kort Delost

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1. Review and Approval of September minutes: Kort Delost pointed out a non-substantive typo in the September meeting minutes. Roger Martenau moved to approve the minutes with the change. Jameson Rice seconded the motion. The vote was unanimous and the motion carried. The amended September minutes will be presented at November's Committee meeting.

2. Housekeeping: Lisa Hunt reported that Utah Medicaid updated the posted online PDL on Oct 1st. Plans to review current Preferred Drug List (PDL) drug classes will begin soon and education to providers about changes to the PDL beginning in 2014 will occur. An updated PDL will be available on January 1, 2014.

3. Drug Utilization Review (DUR) Board update: Robyn Seely stated that the DUR Board

met the previous Thursday to discuss Invokana. As the meeting progressed the discussion broadened to included several anti-diabetes drug classes. The discussion will continue on the second Thursday of November. Tudorza will also be addressed. There will be no DUR Board meeting in December.

4. Melissa Archer presented a review of Inflammatory Bowel treatments, specifically the 5-Aminosalicylic Acid (5-ASA) Derivatives. Peer-reviewed research regarding the safety and efficacy of each agent, disease-state treatment guidelines and Utah Medicaid utilization data was presented.

5. No Public comment

6. Board discussion of the 5-ASA Derivatives

    a. Jameson Rice and Melissa Archer clarified that Asacol 400mg tablets are no longer available. Delzicol is available in 400mg capsules. Asacol HD 800 mg tablets and Delzicol 800 mg capsules are currently available.

    b. Kort Delost clarified that mesalamine enema is the only mesalamine preparation available generically. All other mesalamine preparations are available only as branded products.

    c. Jameson Rice asked if any of the peer-reviewed studies or guidelines addressed the various dosing frequencies of the individual agents, and if dosing frequency had any effect upon compliance or outcomes. Melissa Archer said that dosing frequency made no difference.

    d. Kort Delost asked about other States' PDLs. As a point of interest, Lisa Hunt mentioned that Asacol 400mg was the agent with the highest utilization in Utah before it was replaced by Delzicol 400mg. The other states in the Sovereign States Drug Consortium (the drug purchasing pool in which Utah participates), are Iowa, Maine, Mississippi, Vermont, Oregon, West Virginia and Wyoming. Oregon does not have this class of drugs on their PDL and Wyoming has only mesalamine products on their PDL.

    e. Julia Ozbolt clarified that the Committee is making recommendations regarding the safety and efficacy of the drugs in the class, and not naming specific branded or generic agents to be preferred or non-preferred. Lisa Hunt explained that if the Committee establishes safety and efficacy, Utah Medicaid staff research Dead Net Cost and place on the PDL accordingly.

    f. Elizabeth Young observed that all the drugs seem equally safe and efficacious. Kort Delost and the Committee in general noted again that dosing frequency does not affect outcomes. Kort Delost observed that Inflammatory Bowel diseases are very symptomatic, and patients are very motivated to adhere to treatment in order to suppress disease symptoms.

    g. Lisa Hunt and Melissa Archer clarified that different dosage forms also do not

affect outcomes. All dosage forms and all dosing frequencies yield equal results. However, Melissa Archer noted that increased efficacy can be achieved by using both an oral and a topical preparation.

h. Jameson Rice and Kort Delost mentioned that a recommendation for a certain chemical entity is not specific enough for PDL recommendations. Dosage forms of the entity should be specified. Kort Delost suggested that at least one topical preparation should be recommended for inclusion on the PDL.

i. Julia Ozbolt noted that the guidelines presented recommend sulfasalazine as a first-line agent, and suggested that sulfasalazine be recommended for inclusion on the PDL.

j. Kort Delost reminded the Committee that patients with sulfa allergies must have an available alternative if sulfasalazine were to be the only preferred drug. Elizabeth Young mentioned that patients with porphyria must also have an available alternative.

k. Elizabeth Young asked if the guidelines presented consider the 5-ASA derivatives to be equally safe and effective. Melissa Archer noted that the 2010 guidelines still recommend sulfasalazine as first-line treatment, and all the others are recommended as "suitable alternates".

l. Elizabeth Young asked if any of the studies presented by Melissa Archer were more recent than 2010. Melissa Archer said that some were more recent than 2010, but made no different recommendations regarding safety, efficacy or treatment choices.

m. Beth Johnson noted that among Utah Medicaid patients, the mesalamine preparations have the highest utilization of the 5-ASA derivatives. She guesses that this is due to sulfasalazine's adverse reaction profile, even though sulfasalazine is recommended in treatment guidelines as the first-line agent.

n. Lisa Hunt moved that the Committee find the drugs safe and efficacious for inclusion on the PDL. Elizabeth Young seconded the motion. The vote was unanimous. The motion carried.

o. Beth Johnson recommended that sulfasalazine be preferred. Kort Delost noted that all the other states' PDLs include sulfasalazine as a preferred agent.

p. Tim Morley suggested that the agents be separated into two PDL classes: oral and topical, to ensure that at least one product of each dosage form is preferred.

q. Beth Johnson moved that at least one oral preparation (of any agent) and at least one topical preparation (of any agent) be preferred. Julia Ozbolt seconded the motion. There were six votes in favor of the motion and one vote in opposition (Kort Delost). The motion carried.

7. The Committee discussed the meeting schedules for November and December. November's meeting will be seven days before Thanksgiving. The Committee decided to meet. December's meeting will be six days before Christmas. The Committee decided to meet.

8. Next meeting is scheduled for November 21, 2013. Phosphate binding agents will be discussed.

9. Beth Johnson made a motion to close the meeting. Elizabeth Young seconded the motion. The vote was unanimous. The motion carried and the meeting was adjourned.

Minutes prepared by Robyn Seely
Recording available upon request, send email to medicaidpharmacy@utah.gov